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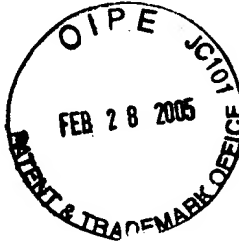
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32294

7590

12/02/2004

SQUIRE, SANDERS & DEMPSEY L.L.P.
14TH FLOOR
8000 TOWERS CRESCENT
TYSONS CORNER, VA 22182

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/527,999

03/17/2000

Shiri Kadambi

P108339-00002

3375

TITLE OF INVENTION: NETWORK SWITCH HAVING A PROGRAMMABLE COUNTER

58268.00002

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1370
1400

\$0

\$1370
1400

03/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HOANG, THAI D

2667

370-389000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

ISQUIRE, SANDERS

2& DEMPSEY, L.L.P.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

03/02/2005 AWONDAF2 00000016 09527999

(A) NAME OF ASSIGNEE

Broadcom Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Irvine, California

01 FC:1501

02 FC:8001

1400.00 OP

30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed. Check No. 12614
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-2222 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 28, 2005

Typed or printed name

Majid S. AlBassam

Registration No. 54,749

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